



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

459992000700

In re Application of Benjamin D. PLESS

Application Number
09/543,264Filed
April 5, 2000For: A NEUROSTIMULATOR INVOLVING STIMULATION
STRATEGIES AND PROCESS FOR USING IT

Art Unit 3762 Examiner R. Bradford

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|----------------------------------|-----------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☐ attorney or agent of record. Registration Number☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 47,777

May 24, 2004

Date

(650) 813-4298

Telephone Number

Signature

Mika Mayer

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☒ Total of 1 forms are submitted.RECEIVED
JUN 03 2004
TECHNOLOGY CENTER

05/28/2004 HMEKONEN 00000094-031952 09543264

01 FC:1251 110.00-DA